



CUMBERLAND COUNTY
Office of The Commissioner of The Revenue
P.O. BOX 77 • CUMBERLAND, VIRGINIA 23040
(804) 492-4280

LICENSE NO. _____

APPLICATION FOR BUSINESS LICENSE

(LICENSE IS DUE TO BE PAID BY MARCH 1)

PERIOD BEGINNING _____ THROUGH _____

BUSINESS'S PHYSICAL LOCATION: _____

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ OTHER _____ (CHECK ONE)

NAME & TITLE OF PERSON COMPLETING THIS FORM: _____

BRIEF DESCRIPTION OF BUSINESS ACTIVITY: _____

DATE BUSINESS BEGAN IN CUMBERLAND COUNTY: _____

APPLICANT'S NAME: _____ TRADING AS: _____

BUSINESS ADDRESS: _____ PHONE NO.: _____

(STREET/CITY:) _____ FED. ID# OR SSN: _____

PLEASE FURNISH THE NECESSARY INFORMATION APPLICABLE TO YOUR BUSINESS OR PROFESSION:

CLASSIFICATION OF BUSINESS	GROSS RECEIPTS	RATE	LICENSE FEE
#1			
#2			
#3			

PLEASE NOTE:

- All trade / assumed names used must be registered with the Clerk of the Circuit Court before this license is issued.

TOTAL LICENSE FEE _____

* PENALTY _____

INTEREST _____

TOTAL DUE _____

MAKE CHECKS PAYABLE TO: TREASURER, CUMBERLAND COUNTY. * PENALTY AFTER MARCH 1 is 10% of tax or a \$5.00 minimum, whichever is greater, plus interest at the rate of 10% per annum on the total of the tax plus penalty.

CONTRACTORS: (Please provide following information)

- NAME OF VIRGINIA JURISDICTION OR STATE WHERE YOUR BUSINESS IS LOCATED. (If other than Cumberland County).

DOES THIS LOCALITY IMPOSE A LOCAL BUSINESS LICENSE? _____

- IN WHAT OTHER LOCALITIES DO YOU HAVE LICENSES? _____

(If Cumberland Contractor, attach copies showing gross receipts in order to receive credit on Cumberland License)

NOTE: All subcontractors are also required to purchase a Business License

I, the undersigned applicant, do swear (or affirm) that the foregoing figures and statements are true, full and correct to the best of my knowledge and belief, and that I have complied with, and met, all zoning and land use requirements of Cumberland County consistent with, and pursuant to, Section 18-33c of the County code.

Signature of Applicant or Authorized Agent

DATE

Signature of Commissioner of Revenue, Business License Inspector or Deputy Commissioner of Revenue

(TREASURER'S STAMP)

(Return all copies. Your receipted license will be returned)